

Case Number:	CM15-0134393		
Date Assigned:	07/22/2015	Date of Injury:	09/22/2011
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female, who sustained an industrial injury on 9/22/2011. Diagnoses include right knee sprain/strain, right knee meniscal injury, right knee contusion injury, status post knee contusion (7/12/2014) with flare-up of knee pain, and right knee internal derangement. Treatment to date has included medications including Tramadol. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported a severe flare-up of pain and discomfort involving her right knee. Physical examination revealed mild tenderness to palpation of the right knee. There was positive joint line tenderness noted on the medial aspect and she had a slight limp. Deep tendon reflexes and motor strength were equal in the bilateral lower extremities. The plan of care included home exercises, analgesic cream, injections and increase in oral pain medication. Authorization was requested for a 12-panel drug screen, and compound creams 30g and 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound cream 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 (3) Introduction, p6-7 Page(s): 6-7, 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for right knee pain. The claimant's past medical history includes gastroesophageal reflux disease and she has a history of a gastric bypass. When seen, she was having a severe flare-up of pain. Physical examination findings included joint line tenderness and a slight limp. Medications included Prilosec and flurbiprofen was being applied. Recommendations included an increase in oral tramadol. Urine drug screening was performed. Two compounded topical creams were prescribed, with the components unspecified. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has localized knee pain and a history of gastroesophageal reflux disease and a gastric bypass. A single component topical NSAID would be appropriate in this case. However, guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual components of the medication being prescribed are not specified and therefore, as this request was submitted, were not medically necessary.

Compound cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 (3) Introduction, p6-7 Page(s): 6-7, 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for right knee pain. The claimant's past medical history includes gastroesophageal reflux disease and she has a history of a gastric bypass. When seen, she was having a severe flare-up of pain. Physical examination findings included joint line tenderness and a slight limp. Medications included Prilosec and flurbiprofen was being applied. Recommendations included an increase in oral Tramadol. Urine drug screening was performed. Two compounded topical creams were prescribed, with the components unspecified. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has localized knee pain and a history of gastroesophageal reflux disease and a gastric bypass. A single component topical NSAID would be appropriate in this case. However, guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual

components of the medication being prescribed are not specified and therefore, as this request was submitted, were not medically necessary.

12 panel drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for right knee pain. The claimant's past medical history includes gastroesophageal reflux disease and she has a history of a gastric bypass. When seen, she was having a severe flare-up of pain. Physical examination findings included joint line tenderness and a slight limp. Medications included Prilosec and flurbiprofen was being applied. Recommendations included an increase in oral Tramadol. Urine drug screening was performed. Two compounded topical creams were prescribed, with the components unspecified. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and tramadol is being prescribed. The request was medically necessary.